

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>JS</i>	<i>45</i>	<i>2/15</i>
FORMALITY REVIEW	<i>EL</i>	<i>106</i>	<i>3-8-01</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>5C 947</i>	<i>05/12/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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12	✓	✓	
13	✓	✓	
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43	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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56	✓	✓	
57	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

TN  
03/01